



**CITY OF COSTA MESA TOOL RENTAL PROGRAM APPLICATION
TOOL RENTAL ASSISTANCE VOUCHER PROGRAM (Up to \$500)**

Single-Family Home Address _____

Name of Property Owner _____

Address of Property Owner (mailing address) _____

Telephone: Home: _____ Cell _____

OWNER/HOUSEHOLD INFORMATION

Gender of Head of Household (Please check one): ☐ Male ☐ Female

Number in Household: _____ Elderly Members of Household: _____

MILITARY SERVICE AND VETERAN PREFERENCE:

Have you served in the U.S. Military Service? If your only active duty was training in the Reserves of National Guard, answer "No". ☐ No ☐ Yes If yes, Were you discharged from the military service under honorable conditions?(If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "yes". If you received a clemency discharge answer "no."). Dates of service _____ to _____ Type of discharge _____ Branch of Service _____

Race Ethnicity: If you have a multi-cultural heritage please only choose two:

☐ White/Caucasian

☐ Native Hawaiian or other Pacific Islander

☐ Black/African American

☐ Black/African American and White

☐ Asian

☐ Asian and White

☐ American Indian or Alaska Native

☐ American Indian/Alaska Native and
Black/African American

☐ American Indian or Alaska Native and White

☐ Hispanic/Latino

IMPORTANT: DO NOT PURCHASE ANY MATERIALS OR TAKE ANY ACTION UNTIL YOU RECEIVE A TOOL RENTAL VOUCHER!

Please list proposed exterior repair or rehabilitation improvements: _____

How did you hear about the Program? _____

Applicant Certification: I acknowledge and agree to the eligibility requirements, policies and procedures established for the Program and certify that all information provided herein is true and complete to the best of my knowledge and belief. Verification must be provided to the City.

Owner (print or type) _____ Owner Signature _____ Date _____

Co-Owner (print or type) _____ Co-Owner Signature _____ Date _____

The above has been signed under penalty for false or fraudulent statement, U.S.C. Title 18, Sec. 1001.



THE CITY DOES NOT DISCRIMINATE AGAINST PERSONS ON THE GROUNDS OF RACE, COLOR OR NATIONAL ORIGIN OR SEX IN ADMINISTERING PROGRAM OR ACTIVITIES FUNDED WITH FEDERAL FUNDS.

Visit our Website: www.ci.costa-mesa.ca.us/departments/CMHousingCommunityDev.htm

PROGRAM ELIGIBILITY GUIDELINES

1. Do not purchase materials, rent tools, or take any actions until you are selected to receive a Tool Rental Voucher and sign a Tool Rental Program Agreement.
2. Only owner-occupied single-family homes are eligible for the Program.
3. One Tool Rental Voucher will be issued per single-family owner-occupied home.
4. Homes must be in need of improvement. (Both "before" and "after" picture will be taken.)
5. Only exterior work and certain improvements or repair are eligible with the rented tools.
6. All work is subject to City inspection and approval.
7. Eligible work must be completed within 90 days from the date of issuance of the Tool Rental Voucher.
8. Participants are required to maintain the Eligible Home made under this Program for not less than one year.
9. Repair/Rehabilitation work must meet City building code and permit requirements.
10. An appointment needs to be set to take "before" and "after" pictures of the Repair/Rehabilitation.

INCOME DOCUMENTATION

Owners and all members of household must show proof of income (two months' income documentation) and current assets. True, legible, and complete copies of supporting documentation for all sources of income and assets listed below for the entire household must be submitted with this application. Sufficient documentation should be provided to verify finances for a period of no less than two (2) months prior to the submission of this application.

Annual Gross Household Income: \$ _____

| | | |
|--|--|--|
| <input type="checkbox"/> Paycheck stub | <input type="checkbox"/> Social Security payments (SSA, SSDI) | <input type="checkbox"/> Proof of Property Ownership (e.g. copy of deed, tax statement) |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Trust fund disbursements | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Veteran's Administration Income | <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Alimony/spousal support |
| <input type="checkbox"/> GI Bill | <input type="checkbox"/> Disability or Death benefits | <input type="checkbox"/> Periodic payments from trusts |
| <input type="checkbox"/> National Guard/Military income | <input type="checkbox"/> Public Assistance income (TANF, AFDC, General Relief) | <input type="checkbox"/> annuities, inheritance, retirement funds, or pensions, insurance policies or lottery winnings |
| <input type="checkbox"/> W-2 Form | <input type="checkbox"/> Cash contributions | <input type="checkbox"/> Bank Deposits |
| <input type="checkbox"/> Income Tax Statement | <input type="checkbox"/> Student Aid | |

Assets:

Bank and other Financial Accounts: _____

Other than Home, list other real property owned by applicant or household members: _____

TOOL PROGRAM APPLICANT WAIVER AND INDEMNIFICATION

I/We, the undersigned, declare, and City relies on, my/our certification that I/we am/are capable and experienced in using the tools that I/we am desire to rent and that I/we will use the eligible tools in a proper manner. I/we do hereby for myself/ourselves, on behalf of my/our successors and assigns, in consideration of being permitted to participate in the Tool Rental Program, waive any and all claims against the City of Costa Mesa and all its employees and agents of any nature or any property damage that I/we may suffer or incur in the use of the tools I/we am/are renting from the Tool Rental Vendor or in completing eligible Repair/Rehabilitation work.

I/we, the undersigned, do hereby for myself/ourselves, on behalf of my/our successors and assigns, in consideration of participation in the Tool Rental Program, agree to release and indemnify and hold harmless the City of Costa Mesa, and all its employees and agents from any and all liability, loss, claims, demands, actions or causes of action including but not limited to attorney's fees and court costs for the death or injury to any persons and for property damage of any kind or nature suffered or incurred by any person that arises or may arise to be occasioned in any way from the use of the tools I am renting from the Tool Rental Vendor or in undertaking and completing eligible Repair/Rehabilitation work.

Signature _____ Date _____

Signature of Co-Applicant _____ Date _____

RETURN APPLICATION MATERIALS TO: CITY OF COSTA MESA, HOUSING & COMMUNITY DEVELOPMENT, 77 FAIR DRIVE, P.O.BOX 1200, COSTA MESA, CA 92628 (714) 754-5635



CITY OF COSTA MESA

Tool Rental Program

RIGHT OF ENTRY AGREEMENT

This **RIGHT OF ENTRY AGREEMENT** ("Right of Entry Agreement") is made and entered into as of _____, 201__ by and between the CITY OF COSTA MESA, municipal corporation (the "City"), and _____, ("Owner") with respect to the following:

A. The Owner has applied to participate in the Tool Rental Program seeking a voucher, for tools to repair/rehabilitate the exterior of their home located at _____, Costa Mesa, California ("Property"). As a part of the evaluation of the Owner's application, evaluation of the financial feasibility of Owner's eligibility to receive a voucher of Program funds and participate in the Program, if it is necessary for the City (and its designated agents/contractors, together "City") to obtain the Owner's consent to enter upon the Property to inspect the Property as described herein.

B. The purpose of this Right of Entry Agreement is for the Owner to permit the City to enter the Property and take "before" and "after" pictures of the property.

NOW, THEREFORE, based on the foregoing Recitals, which are a substantive part of this Right of Entry Agreement and for good and valuable consideration, the City and the Owner hereby agree as follows:

1. **Right of Entry.** Provided that all of the terms and conditions of this Right of Entry Agreement are fully satisfied, the Owner hereby grants to City the non-exclusive right to enter upon the Property to perform the Assessment Work. If Owner is selected to participate in Neighbors for Neighbors and/or for a loan or grant under the Program (as determined in the sole discretion of the City,) then Owner also grants to City the non-exclusive right to enter upon the Property to complete the Reduction Work, if any. All use of and entry upon the Property shall be at the sole expense of the City.

a. **Term of Right of Entry.** This Right of Entry Agreement shall commence on the date this Right of Entry Agreement is executed by the parties and shall automatically terminate and expire upon the completion of the Assessment Work and/or Reduction Work, if such occurs.

b. **No Property Rights Granted.** It is expressly understood this Right of Entry Agreement does not in any way whatsoever grant or convey any rights of possession, easement or other interest in the Property to the City.

2. **Additional Conditions and Representations.** By execution of this Right of Entry Agreement City agrees as follows:

a. **No Mechanics Liens.** City shall not permit or suffer any mechanics', materialmen's or other liens of any kind or nature to be filed or enforced against the Property.

3. **Indemnity.** Except as to the negligence and/or intentional acts of the Owner, the City hereby agrees to indemnify and hold harmless the Owner from and against any and all damage to property or persons (but not consequential damages) arising from or attributable to conducting the Assessment Work and/or Reduction Work at the Property pursuant to this Right of Entry Agreement and to pay for or repair such damage.

4. **Miscellaneous.**

a. **Attorneys' Fees.** In the event either party hereto brings an action or proceeding under this Right of Entry Agreement for an alleged breach or default hereof or the work contemplated hereby ("action"), the prevailing party in any such action shall be entitled to an award of reasonable attorneys' fees and costs and expert witness fees, if any, incurred in such action or proceeding, in addition to any other damages or relief awarded.

b. **Choice of Law; Forum.** This Right of Entry Agreement is to be governed by, and construed in accordance with, the laws of the State of California. The Municipal and Superior Courts of the State of California in the County of Orange shall have jurisdiction of any litigation between the parties arising out of or related to this Right of Entry Agreement.

c. **Non-Liability of Public Officials.** No officer, employee, member, agent or representative of the City of Costa Mesa shall be personally liable to Owner or any successor in interest, in the event of any default or breach by the City, or for any amount which may become due to Owner or its successor, or for any breach of any obligation of the terms of this Right of Entry Agreement.

IN WITNESS WHEREOF, the parties hereto have entered into this Right of Entry Agreement as of the date and year first set forth above.

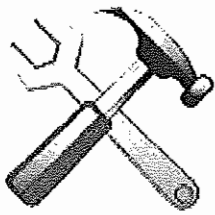
OWNER

By: _____
Printed Name: _____

By: _____
Printed Name: _____

CITY OF COSTA MESA, a municipal corporation

By: _____
Its: _____



City of Costa Mesa Tool Rental Program

AUTHORIZATION

For Release of Information

I/We, _____ and _____ (legal name(s)), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the CITY OF COSTA MESA (the "City") any information or materials which are deemed necessary to complete and verify my application for participation in the City's Tool Rental Program (the "Program"). The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; educational institutions; past or present employers; Social Security Administration; welfare and food stamps agencies; Veteran's Administration; court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; credit providers; and credit reporting agencies.

I understand that the City may conduct matching programs in order to verify the information supplied on my application for Program assistance. It is understood and agreed that this authorization, to the information obtained with its use, may be given to and used by the City in the administration and enforcement of the Program Policies and Procedures and that the City may, in the course of its duties, obtain such information from other Federal, State, or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management, the Social Security Administration and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

1. Signed: _____ Date: _____

Print Name

Address: _____
Number Street Name Apt.# City State Zip Code

Home Telephone No. _____ Cell No. _____

CA Drivers License or ID Number: _____ Date of Birth: _____

2. Signed: _____ Date: _____

Print Name

Address: _____
Number Street Name Apt.# City State Zip Code

Home Telephone No. _____ Cell No. _____

CA Drivers License or ID Number: _____ Date of Birth: _____

(Rev. April 2006)

Department of the Treasury
Internal Revenue Service**Request for Copy of Tax Return**

▶ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.

▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-0429

Tip: You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first.**1b** First social security number on tax return or employer identification number (see instructions)**2a** If a joint return, enter spouse's name shown on tax return**2b** Second social security number if joint tax return**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code**4** Previous address shown on the last return filed if different from line 3**5** If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.

Caution: If a third party requires you to complete Form 4506, do not sign Form 4506 if lines 6 and 7 are blank.

6 Tax return requested (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶

Note. If the copies must be certified for court or administrative proceedings, check here. ☐

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

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8 Fee. There is a \$39 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.

a Cost for each return

\$

b Number of returns requested on line 7**c** Total cost. Multiply line 8a by line 8b

\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer.

**Sign
Here**

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

Telephone number of taxpayer on
line 1a or 2a
()